



MISSOURI DEPARTMENT OF
NATURAL RESOURCES
GEOLOGICAL SURVEY AND RESOURCE
ASSESSMENT DIVISION
(573) 368-2165
**RECONSTRUCTION
REGISTRATION RECORD**

OFFICE USE ONLY		DATE RECEIVED	
REF. NO.			
C.R. NO.		CHECK NO.	
STATE WELL NUMBER		TRANSMITTAL NO.	
ENTERED Ph 1 Ph 2 Ph 3	APPROVED BY	ROUTE / /	

INFORMATION SUPPLIED BY WELL OR PUMP INSTALLATION CONTRACTOR

OWNER NAME		TELEPHONE		VARIANCE NUMBER (IF APPLICABLE)	
OWNER ADDRESS		CITY	STATE	ZIP CODE	WELL CERTIFICATION NUMBER (IF APPLICABLE)
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE)		CITY	STATE	ZIP CODE	
SITE NAME		WELL NUMBER		DATE ORIGINALLY DRILLED (IF KNOWN)	
TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER _____		INFORMATION VERIFIED BY OWNER SIGNATURE (WELL OWNER) X			DATE
SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS			LOCATION OF WELL		AREA _____
			LAT. _____° _____' _____"		ELEV _____
			LONG. _____° _____' _____"		COUNTY _____
			SMALLEST LARGEST _____ ¼ _____ ¼ _____ ¼		
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL SITE			DRILLER NOTES:		

RECONSTRUCTION INFORMATION

USE OF WELL <input type="checkbox"/> DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MONITORING <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> OTHER _____ <input type="checkbox"/> HEAT PUMP		CASING DIAMETER	STATIC WATER LEVEL	ORIGINAL DRILLER (IF KNOWN)	
		RAISED CASING INFORMATION			
		LENGTH OF CASING ADDED	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC	METHOD OF ATTACHMENT <input type="checkbox"/> THREADED <input type="checkbox"/> COUPLED <input type="checkbox"/> FUSED <input type="checkbox"/> WELDED <input type="checkbox"/> GLUED <input type="checkbox"/> OTHER _____	
LINER DETAILS	PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK THE FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS <input type="checkbox"/> USED TO SEAL OUT RUST	LENGTH FT.	DIAMETER OF LINER IN.	WEIGHT OR SDR #	MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL
	DEPTH FROM THE SURFACE TO THE TOP OF THE LINER FT.				
	PACKER USED ON PVC LINER <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT		DEPTHS SET		
LINER GROUT DETAILS	POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BOTTOM <input type="checkbox"/> TOP	MATERIAL CEMENT BENTONITE <input type="checkbox"/> TYPE 1 <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR <input type="checkbox"/> HI-EARLY <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS		NUMBER OF SACKS USED	LBS PER SACK
	METHOD OF INSTALLATION <input type="checkbox"/> AS LINER IS <input type="checkbox"/> TREMIE INSTALLED				
	REMARKS: _____ _____ _____ _____ _____ _____ _____				
		WELL CHLORINATED AFTER RECONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE WELL WAS RECONSTRUCTED	
I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS RECONSTRUCTED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE RECONSTRUCTION OF WELLS.					
SIGNATURE (PRIMARY CONTRACTOR) X		PERMIT NUMBER	DATE	SIGNATURE (CONTRACTOR) X	
		PERMIT NUMBER	DATE		